



Office use only:

Candidate Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

CITY OF FLORENCE, KENTUCKY

VOLUNTEER FIREFIGHTER APPLICANT QUESTIONNAIRE

INSTRUCTIONS TO CANDIDATE:

1. You are hereby advised the content of this questionnaire is held strictly CONFIDENTIAL. No information will be disseminated to any person except when essential to the conduct of proper official business. Any false, misleading or incomplete information will be grounds to disqualify you as a volunteer candidate with the City of Florence, or if a confirmed volunteer member, grounds for dismissal. Every answer herein entered may be checked during the background investigation.
2. All questions in this questionnaire must be answered. None may be left blank. If you desire to make an explanation in your reply, answer the question briefly as best as you can, then put a check mark next to the question and continue on the Remarks Section/Continuation Sheets (pages 13 and 14).
3. If a question does not apply to you, enter "N/A".
4. Your answers must be completed in ink in your own handwriting or printing. Write or print legibly.

.....
I voluntarily withdraw from the selection process.

PRINTED NAME

SIGNATURE

.....
I understand and will comply with the selection process and will complete the questionnaire.

PRINTED NAME

SIGNATURE

1) **Name:** _____
Last First Middle

2) **Social Security Number:** _____

3) **Current Address:** _____
Street City State Zip

4) **Telephone:** Home (____) _____ Work (____) _____
E-Mail Address _____

5) Have you ever used another name? ____Yes ____No If so, what other names?

6) Have you ever worked or volunteered for this City before? ____Yes ____No

If Yes, please give details: _____

7) **CHARACTER REFERENCES – Other than relatives:**

Name _____ **Years Known** _____

Address _____ Telephone _____

Relationship: _____

Name _____ **Years Known** _____

Address _____ Telephone _____

Relationship: _____

Name _____ **Years Known** _____

Address _____ Telephone _____

Relationship: _____

8) **RESIDENCES**

CURRENT: FROM (Mo/Yr) ____/____ **TO (Mo/Yr)** ____/____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

PREVIOUS: FROM (Mo/Yr) ____/____ TO (Mo/Yr) ____/____

Address _____
Street City State Zip

Name Neighbor/Landlord/Etc. Address Phone

Name Neighbor/Landlord/Etc. Address Phone

9) EMPLOYMENT HISTORY – Include self-employment, part-time and unemployment. List all

employment in chronological order beginning with your present employer. (Use pages provided at the back of this questionnaire if necessary.) **If you were dismissed from a job or forced to resign, give details on pages 13 and 14 of this questionnaire.**

FROM (Mo/Yr) ____/____ TO (Mo/Yr) ____/____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) ____/____ TO (Mo/Yr) ____/____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) ____/____ TO (Mo/Yr) ____/____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

FROM (Mo/Yr) _____/_____/_____

TO (Mo/Yr) _____/_____/_____

Employer _____ Supervisor _____

Address _____
Street City State Zip

Position Held _____ Telephone _____

Starting Salary _____ Ending Salary _____

Reason for Leaving _____

Have you ever been terminated or asked to resign from any job? ____Yes ____No

If Yes, please explain the circumstances _____

10) **EDUCATION/TRAINING**

HIGH SCHOOL: _____

Location _____

Did you graduate? ____Yes ____No If yes, graduation date _____
or

was GED obtained? ____Yes ____No If yes, date and place _____

Courses pursued/degree or diploma received _____

COLLEGE: _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

COLLEGE: _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

11) **OTHER EDUCATION/TRAINING:** Name of institution _____

Location _____

Dates attended : From: _____ To: _____
Month/Year Month/Year

Courses pursued/degree or diploma received _____

12) **MILITARY SERVICE:**

Branch of Service: _____ Highest Rank: _____

Active Service: ____Yes ____No Dates of Service: From _____ To _____

Reserve Service: ____Yes ____No Dates of Service: From _____ To _____

- 13) Have you ever been involved in any **civil action**, in or out of court, as a plaintiff or defendant, as a result of a criminal traffic or other incident for any reason? ____Yes ____No If yes, explain:

- 14) Have you **EVER** been convicted of a misdemeanor or felony? ____Yes ____No
If yes, please explain below:

- 15) Are you a United States citizen? ____Yes ____No

If naturalized, give the following information:

Date _____ Place _____

Court _____ Certificate Number _____

- 16) Are you legally eligible for employment in the United States? ____Yes ____No
Include a copy of your Naturalization Certificate with this questionnaire.

CERTIFICATION AND SIGNATURE

Have you been completely truthful to all questions asked? Keep in mind the City of Florence verifies the information given to further evaluate applicants and to insure the information furnished by the applicant has been truthful to the best of his or her knowledge.

I hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false, misleading or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I also understand that all appointments are probationary for a period of one year, during which time I must demonstrate my fitness for continued employment by the City of Florence.

Date _____ Signature of Candidate: _____

CITY OF FLORENCE, KENTUCKY AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Applicant _____

Social Security Number _____ Military Serial Number _____

Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

This release, when presented by a duly authorized representative of the City of Florence, Kentucky, will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to the City of Florence, Kentucky:

- Employment Information
- Credit Bureau Information
- Educational Information
- Medical and Military Medical Information
- Residence(s) Records
- Police and Criminal Records

This authorization is given in connection with a personnel background investigation being conducted relative to my applications for or continued employment with the City of Florence.

Signature of Applicant _____

Date of Signature _____

Assigned Investigator (name and title) _____

Investigative period from _____ to _____

Authorized by (name and title) _____

Signature _____ Date _____



REQUEST FOR FELONY CONVICTION RECORD

FIRE DEPARTMENT, AMBULANCE SERVICE, RESCUE SQUAD

Pursuant to KRS 17.167, a request is made for any record of conviction of a felony crime by the person identified herein. This information shall be released to:

Florence Fire/EMS Department

1152 Weaver Road

Florence, KY 41042-8949

Organization Name and Address

ACKNOWLEDGMENT BY APPLICANT

I have applied for employment or acting as a volunteer, with one of the following organizations: a paid/volunteer fire department (certified by the Commission on Fire Protection Personnel Standards and Education), an ambulance service (licensed by the Commonwealth of Kentucky), or a rescue squad (officially affiliated with a local disaster and emergency services organization or with the Division of Disaster and Emergency Services). I know that the Kentucky State Police (KSP) will provide the employer with any record I may have for conviction of any felony crime. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State Police and Kentucky State Police employee's from any claim to damages arising from dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

NAME: _____
Last First Middle Maiden

ADDRESS : _____
Street City State Zip

SEX: _____ RACE _____ DATE OF BIRTH: _____ SOC. SEC. NO.: _____

Signature _____ Date _____

Witness _____ Date _____

INSTRUCTIONS:

Employing agencies should ensure that all application information is completed.

Requests should be accompanied by **two, self-addressed stamped envelopes** - one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant

FF/EMS TO FORWARD THIS
FORM TO:

Kentucky State Police
Records Branch
1250 Louisville Road
Frankfort, KY 40601